

TEST RECORD  
RET 19

RET 19# [REDACTED]  
DATE 01-28-12  
TEST NO. 0189  
ID#  
36246  
AS IUP [REDACTED]  
TEMPERATURE 36 C

SUBJECT TEST  
#840 TIME

600 BLANK  
600 AUTO 18:26

SUBJECT

[REDACTED]  
OPERATOR

*Sgt SKOL #1378*

WITNESS

DNA

TEST LOCATION

*CL# 1051532*

**BUREAU OF INTERNAL AFFAIRS  
INVESTIGATIONS DIVISION  
GENERAL INVESTIGATIONS SECTION**

28Jan12  
CL #1051532

**TO:** Juan Rivera  
Chief  
Bureau of Internal Affairs

**ATTN:** Robert Klimas  
Commander  
Investigations Section

**ATTN:** Lt. Susan Clark #320  
Administrative Section  
Investigations Division

**FROM:** Sergeant Skol #1378  
Investigations Division  
General Investigations Section

**SUBJECT:** **Synoptic Report – Firearm Discharge Incident (No Hits)**

**RESULTS:** **BAC .000**

**REFERENCE:** **LOG # 1051532**  
WD # [REDACTED]  
RD # [REDACTED]  
CB # [REDACTED]

**INCIDENT LOCATION:** [REDACTED]

**DATE & TIME:** 28Jan12 @ 1415

**W/C:** Lieutenant Porebski #780

**INVOLVED MEMBER:** Police Officer Timothy Beran  
Star #19651  
Employee [REDACTED]  
Unit of Assignment: 017  
C/S: 18Mar96

**NARRATIVE:**

R/S received notification from PO Watson #3731 of CPIC @ 1445 hours on 28Jan12 regarding a

Firearm Discharge Incident in the 017<sup>th</sup> District.

Upon arrival to 017 the Undersigned was advised that the investigation had been moved to Area 5. Undersigned proceeded to Area 5, where Police Officer Timothy Baren #19651 was presented with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" form. R/Sgt then began the 20 min observation period of Police Officer Beren at 1800hrs R/Sgt collected the urine specimen from Police Officer Beren at 1805 hours. The Breath Test was conducted at 1830 hours and the BAC was .000. The W/C was notified of the results.



Sergeant Skol #1378  
General Investigations Section  
Investigations Division

APPROVED:



Lt. Susan Clark # 320  
Administrative Section  
Investigations Division

40005057 1802521 SPECIMEN ID NO.

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

CHICAGO POLICE DEPT  
SPECIAL DRUG UNIT #100750  
310 S MICHIGAN AVE  
CHICAGO IL 60653  
PH 312-745-5053 FAX 312-745-4819

B. MRO Name, Address, Phone and Fax No. 1802521 10038538020

PH:

FAX:

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Donor Name: Last: [REDACTED] D First: [REDACTED] A

E. Donor ID Verified:  Photo ID  Emp. Rep.

F. Reason for Test:  Pre-employment (1)  Random (3)  Reasonable Suspicion/Cause (5)  Post-Accident (2)  Promotion (22)  
 Return to Duty (6)  Follow-up (23)  Other (specify) (99) EMPLOYER DRUG POLICE

G. Drug Tests to be Performed:

35190N SAP 10-50/2000 N/NT

H. Collection Site Name: CPD - Area 5

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

**STEP 2: COMPLETED BY COLLECTOR**

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?  Yes  No, Enter Remark

Specimen Collection:

Split  Single  None Provided (Enter Remark)  Observed (Enter Remark)

REMARKS CPD - AREA 5

**STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.**

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

[Signature] 1805 AM  
Signature of Collector #1378

1805 AM  
Time of Collection

01/28/12 Date (Mo./Day/Yr.)

**SPECIMEN BOTTLE(S) RELEASED TO:**

Quest Diagnostics Courier  FedEx  
 Other

Name of Delivery Service Transferring Specimen to Lab

(Print) Collector's Name (First, MI, Last)

RECEIVED  
AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**Primary Specimen  
Bottle Seal Intact**

Yes  
 No, Enter Remark

**SPECIMEN BOTTLE(S) RELEASED TO:**

**STEP 5: COMPLETED BY DONOR**

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ( )

Evening Phone No. ( )

Date of Birth / /  
Mo. Day Yr.

**STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN**

In accordance with applicable requirements, my determination/verification is:

NEGATIVE  POSITIVE  TEST CANCELLED  
 DILUTE

REFUSAL TO TEST BECAUSE:

ADULTERATED  SUBSTITUTED

REMARKS

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN**

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

RECONFIRMED  FAILED TO RECONFIRM - REASON

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

CPD 0028801



## **NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT**

**CHICAGO POLICE DEPARTMENT**

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above

Print Member's Name		Involved Member's Signature	Date and Time
<u>Timothy Beran</u>		<u>POF Beran '96/7</u>	<u>28JAN12 1810</u>
Type of Test: Alcohol	Location: <u>Area 5</u>	Date and Time: <u>28JAN12 1826</u>	
Type of Test: Drug	Location: <u>Area 5</u>	Date and Time: <u>28JAN12 1810</u>	

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated

IAD Supervisor's Name <i>Sgt. L. Skoc #1378</i>	IAD Supervisor's Signature <i>Sgt. L. Skoc</i>	Date and Time <i>28JUN12 1830</i>
CPD-44.252 (7/10)	DISTRIBUTION: ORIGINAL TO IAD SUPERVISOR, COPY TO INVOLVED MEMBERS	

# DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

Photo I. D. by Sgt. L. Skol #1378

Employer Representative

Signature of Employer Representative

PART I -

A. On the 28 day of JANUARY, 2012 at 1805, I,

(TIME)

(PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Sgt. L. Skol #1378, and witnessed this member:

(PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on its side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number ██████████

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number ██████████

A

MAIN TEST VIAL - NO.

██████████

B

ALTERNATE TEST VIAL - NO.

██████████

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

1378

PART II -

The urine specimen with the control number ██████████ was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

M. Colon, on 30 JAN 12, at 0810

(STAFF MEMBER'S SIGNATURE)

(DATE)

(TIME)

(EXAMINEE'S INITIALS)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number ██████████

was removed from the Random Drug Testing Unit refrigerator by ██████████

and then delivered to ██████████

(LAB MEMBER)

, on ██████████

(DATE)

, at ██████████

(TIME)

Specimen received by ██████████

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

RANDOM DRUG TESTING UNIT  
ALTERNATE COLLECTION RECEIPT

On the 30<sup>th</sup> day of January 2012, I MARIA Colon # 24975 received a collected urine specimen from Sgt. SKOL # 1378. The specimen was delivered in sealed / unsealed condition and was received in packaging described as:

Select One  A clear and blue CPD evidence/property bag containing two tape-sealed vials (including one within a sealed Quest Diagnostics specimen bag).

or

\_\_\_\_\_

\_\_\_\_\_

The packaging was then opened by MARIA Colon #24975 in the presence of Sgt SKOL # 1378. The following items were removed from the container:

Select One  One tape-sealed vial labeled # [REDACTED] within a sealed Quest Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

\_\_\_\_\_

\_\_\_\_\_

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer by MARIA Colon #24975, as witnessed by Sgt. SKOL # 1378.

Specimen delivered by:

Sgt SKOL  
Signature

# 1378

Received/stored by:

Maria Colon  
Signature

# 24975

JAN 30, 2012



STEP 1: SPECIMEN ID NO.

## STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

 21000 MILE 770 DEPT  
 2-1000 42000 8888, 333333  
 210 S WILSON AVE  
 21000 770 8888  
 21000 42000 8888 3333

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: [REDACTED] First: [REDACTED]

E. Donor ID Verified:  Photo ID  Emp. Rep.F. Reason for Test:  Pre-employment (1)  Random (3)  Reasonable Suspicion/Cause (5)  Post-Accident (2)  Promotion (22)  
 Return to Duty (6)  Follow-up (23)  Other (specify) (99) [REDACTED]

G. Drug Tests to be Performed:

[REDACTED]

H. Collection Site Name: [REDACTED]

Collection Site Code: [REDACTED]

Address: [REDACTED]

Collector Phone No.: [REDACTED]

City, State and Zip: [REDACTED]

Collector Fax No.: [REDACTED]

## STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?  Yes  No, Enter Remark

## Specimen Collection:

 Split  Single  None Provided (Enter Remark) Observed (Enter Remark)

REMARKS [REDACTED]

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

## STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in this certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

 X [REDACTED]  
 Signature of Collector [REDACTED]  
 [REDACTED] 1005  
 (Print) Collector's Name (First, MI, Last) [REDACTED]

 AM  
 1005 PM  
 Time of Collection [REDACTED]  
 01/28/13 Date (Mo./Day/Yr.) [REDACTED]

## SPECIMEN BOTTLE(S) RELEASED TO:

 Quest Diagnostics Courier  FedEx  
 Other [REDACTED]

Name of Delivery Service Transferring Specimen to Lab

RECEIVED  
AT LAB: X
 Signature of Accessioner [REDACTED]  
 (Print) Accessioner's Name (First, MI, Last) [REDACTED]  
 Date (Mo./Day/Yr.) [REDACTED]
Primary Specimen  
Bottle Seal Intact
 Yes  
 No, Enter Remark [REDACTED]

## SPECIMEN BOTTLE(S) RELEASED TO:

## STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X

Signature of Donor [REDACTED]

(PRINT) Donor's Name (First, MI, Last) [REDACTED]

Date (Mo./Day/Yr.) [REDACTED]

Daytime Phone No. [REDACTED]

Evening Phone No. [REDACTED]

Date of Birth [REDACTED]

Mo. [REDACTED] Day [REDACTED] Yr. [REDACTED]

RANDOM DRUG TESTING UNIT  
ALTERNATE COLLECTION RECEIPT

On the 30<sup>th</sup> day of January 2012 I Maria Colon # 24975 received a collected urine specimen from Sgt. SKOL # 1378. The specimen was delivered in sealed / unsealed condition and was received in packaging described as:

Select One  A clear and blue CPD evidence/property bag containing two tape-sealed vials (including one within a sealed Quest Diagnostics specimen bag).

or

\_\_\_\_\_

\_\_\_\_\_

The packaging was then opened by Maria Colon # 24975 in the presence of Sgt SKOL # 1378. The following items were removed from the container:

Select One  One tape-sealed vial labeled # [REDACTED] within a sealed Quest Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

\_\_\_\_\_

\_\_\_\_\_

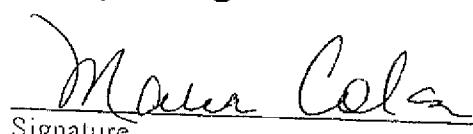
The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer by Maria Colon # 24975, as witnessed by Sgt. SKOL # 1378.

Specimen delivered by:

  
Signature

# 1378

Received/stored by:

  
Signature

# 24975



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Timothy Beran Title P.O.  
Star No. 19651 Employee No. REDACTED Unit 017

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

Print Member's Name	Involved Member's Signature	Date and Time
<u>Timothy Beran</u>	<u>POF. Beran 19657</u>	<u>28JAN12 1810</u>
Type of Test: Alcohol	Location: <u>Area 5</u>	Date and Time: <u>28JAN12 1826</u>
Type of Test: Drug	Location: <u>Area 5</u>	Date and Time: <u>28JAN12 1810</u>

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name	IAD Supervisor's Signature	Date and Time
<u>Sgt. L. Skol #1378</u>	<u>G. J. [Signature]</u>	<u>28JAN12 1830</u>

CPD-44.252 (7/10)

DISTRIBUTION: ORIGINAL TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER

40005057 AREA/ROUTE/STOP: XXXXXXX  
CHICAGO POLICE DEPT  
RANDOM DRUG UNIT #1087SW  
3510 S MICHIGAN AVE  
CHICAGO, IL 60653

LABORATORY REPORT



Quest  
Diagnostics

PARTICIPANT NAME [REDACTED]		PARTICIPANT ID		ROOM NO.	AGE	SEX	PHYSICIAN
PAGE	REQUISITION NO	ACCESSION NO.	LAB REF. #	COLLECTION DATE & TIME	LOG-IN DATE	FAX DATE	TIME
1	1882521	193006X		01282012 04:05PM	01312012	01312012	12:02PM
REMARKS: Client Site Location: REASON FOR TEST: WEAPONS DISCHARGE DONOR ID VERIFIED: PHOTO I.D.							
REPORT STATUS	FINAL	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
			IN RANGE	OUT OF RANGE			
REPORT FOR:		CHICAGO POLICE DEPT - 40005057 RANDOM DRUG UNIT, #1087SW 3510 S MICHIGAN AVE CHICAGO, IL 60653					
Tests Ordered: 35198N (SAP 10-50/2000 W/NIT)							
Integrity Checks					Acceptable Range		
CREATININE	34.7 mg/dL				>/= 20 mg/dL		
pH	7.2				4.5-8.9		
OXIDIZING ADULTERANTS	Negative						
Substance Abuse Panel					Initial Test Level	MS Confirm Test Level	
PLEASE NOTE THAT STEP 2 OF THE CUSTODY & CONTROL FORM (PERTAINING TO SPECIMEN TEMPERATURE) IS INCOMPLETE AND/OR INCORRECTLY FILLED OUT.							
AMPHETAMINES	Negative			1000 ng/mL	500 ng/mL		
BARBITURATES	Negative			300 ng/mL	200 ng/mL		
BENZODIAZEPINES	Negative			300 ng/mL	200 ng/mL		
COCAINE METABOLITES	Negative			300 ng/mL	150 ng/mL		
MARIJUANA METABOLITES	Negative			50 ng/mL	15 ng/mL		
METHADONE	Negative			300 ng/mL	200 ng/mL		
METHAQUALONE	Negative			300 ng/mL	200 ng/mL		
OPIATES	Negative			2000 ng/mL	2000 ng/mL		
PHENCYCLIDINE	Negative			25 ng/mL	25 ng/mL		
PROPOXYPHENE	Negative			300 ng/mL	200 ng/mL		
CERTIFYING SCIENTIST: KSAS01							
SPECIMEN RECEIVED AND PROCESSED							
IN THE LENEXA DHHS CERTIFIED LABORATORY.							
LAB	Quest Diagnostics-Lenexa 10101 Renner Blvd Lenexa KS 66219						
>> END OF REPORT <<							